PTO/SB/17 (10-08)

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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	nber	10/530,126 Conf. 2652			
FEE TRANSMITTAL				Filing Date		September 9, 2005			
For FY 2009				First Named Inventor Jari HELIN					
101112003				Examiner Name	J. LAU				
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1623	623			
TOTAL AMOUNT OF PAYMENT (\$) 825.00				Attorney Docket	No.	0933-0240PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
	IG, SEARCH, AND E	XAMINATION FEI	ES.						
	•	LING FEES		ARCH FEES	EXAMI	NATION FEES			
Application T	uno Ess (\$	Small Entity	F (¢	Small Entity	T (f)	Small Entity	 -	D-:-! (A)	
Application To Utility	<u>ype </u>) <u>Fee (\$)</u> 1 6 5	<u>Fee (\$</u> 540) <u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	rees	Paid (\$)	
1									
Design Plant	220	110	100	50	140	70			
	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325	-		
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 52	26	
Each independe				220	110				
Multiple depend				390	195				
Total Claims Extra Claims Fee (S		Fee (\$)	Fee Paid (\$)		<u> </u>	Multiple Dependent Claims			
	- or HP =	_ x =			<u>F</u>	<u>ee (\$)</u>	Fee Paid (S	<u>\$)</u>	
HP = highest num	ber of total claims paid for,	if greater than 20.							
Indep. Claims	Extra Claims	<u> </u>	Fee Paid (\$)						
	- or HP =	_ x =							
-	ber of independent claims	paid for, if greater than	1 3.						
3. APPLICATIO		1100.1	c		. 11 6				
	ation and drawings ex ler 37 CFR 1.52(e)), t							o	
	action thereof. See 3					• /			
Total Sheet	dditional 50 or frac	tion there	of <u>Fee (\$)</u>	<u>Fee</u>	Paid (\$)				
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1401 Notice of appeal 1253 Extension for response within third month								270.00 555.00	
SUBMITTED BY						•	-		
Signature	(.ne Jal.)		$\overline{}$	Registration No. (Attorney/Agent)	42,874	,874 Telephone (703) 205-8000			
lame (Print/Type) Craig A. McRobbie						Date D	ecember)	24, 2009	

